



DEPARTMENT OF THE AIR FORCE  
59TH MEDICAL WING (AETC)  
JOINT BASE SAN ANTONIO - LACKLAND TEXAS

15 DEC 2016

MEMORANDUM FOR SGPP

ATTN: LT COL CANDY WILSON

FROM: 59 MDW/SGVU

SUBJECT: Professional Presentation Approval

1. Your paper, entitled **Iron Status of Deployed Military Members** presented at/published to **DTIC Website** in accordance with MDWI 41-108, has been approved and assigned local file #**17010**.
2. Pertinent biographic information (name of author(s), title, etc.) has been entered into our computer file. Please advise us (by phone or mail) that your presentation was given. At that time, we will need the date (month, day and year) along with the location of your presentation. It is important to update this information so that we can provide quality support for you, your department, and the Medical Center commander. This information is used to document the scholarly activities of our professional staff and students, which is an essential component of Wilford Hall Ambulatory Surgical Center (WHASC) internship and residency programs.
3. Please know that if you are a Graduate Health Sciences Education student and your department has told you they cannot fund your publication, the 59th Clinical Research Division may pay for your basic journal publishing charges (to include costs for tables and black and white photos). We cannot pay for reprints. If you are 59 MDW staff member, we can forward your request for funds to the designated wing POC.
4. Congratulations, and thank you for your efforts and time. Your contributions are vital to the medical mission. We look forward to assisting you in your future publication/presentation efforts.

Linda Steel-Goodwin

LINDA STEEL-GOODWIN, Col, USAF, BSC  
Director, Clinical Investigations & Research Support

# PROCESSING OF PROFESSIONAL MEDICAL RESEARCH/TECHNICAL PUBLICATIONS/PRESENTATIONS

## INSTRUCTIONS

### USE ONLY THE MOST CURRENT 59 MDW FORM 3039 LOCATED ON AF E-PUBLISHING

1. The author must complete page two of this form:
  - a. In Section 2, add the funding source for your study [ e.g., 59 MDW CRD Graduate Health Sciences Education (GHSE) (SG5 O&M); SG5 R&D; Tri-Service Nursing Research Program (TSNRP); Defense Medical Research & Development Program (DMRDP); NIH; Congressionally Directed Medical Research Program (CDMRP) ; Grants; etc.]
  - b. In Section 2, there may be funding available for journal costs, if your department is not paying for figures, tables or photographs for your publication. Please state "YES" or "NO" in Section 2 of the form, if you need publication funding support.
2. Print your name, rank/grade, sign and date the form in the author's signature block or use an electronic signature.
3. Attach a copy of the 59 MDW IRB or IACUC approval letter for the research related study. If this is a technical publication/presentation, state the type (e.g. case report, QA/QI study, program evaluation study, informational report/briefing, etc.) in the "Protocol Title" box.
4. Attach a copy of your abstract, paper, poster and other supporting documentation.
5. Save and forward, via email, the processing form and all supporting documentation to your unit commander, program director or immediate supervisor for review/approval.
6. On page 2, have either your unit commander, program director or immediate supervisor:
  - a. Print their name, rank/grade, title; sign and date the form in the approving authority's signature block or use an electronic signature.
7. Submit your completed form and all supporting documentation to the CRD for processing (59crdpubspres@us.af.mil). **This should be accomplished no later than 30 days before final clearance is required to publish/present your materials.** If you have any questions or concerns, please contact the 59 CRD/Publications and Presentations Section at 292-7141 for assistance.
8. The 59 CRD/Publications and Presentations Section will route the request form to clinical investigations, 502 ISG/JAC (Ethics Review) and Public Affairs (59 MDW/PA) for review and then forward you a final letter of approval or disapproval.
9. Once your manuscript, poster or presentation has been approved for a one-time public release, you may proceed with your publication or presentation submission activities, as stated on this form. **Note:** For each new release of medical research or technical information as a publication/presentation, a new 59 MDW Form 3039 must be submitted for review and approval.
10. If your manuscript is accepted for scientific publication, please contact the 59 CRD/Publications and Presentations Section at 292-7141. This information is reported to the 59 MDW/CC. All medical research or technical information publications/presentations must be reported to the Defense Technical Information Center (DITC). See 59 MDWI 41-108, *Presentation and Publication of Medical and Technical Papers*, for additional information.
11. The Joint Ethics Regulation (JER) DoD 5500.07-R, *Standards of Conduct*, provides standards of ethical conduct for all DoD personnel and their interactions with other non-DoD entities, organizations, societies, conferences, etc. Part of the Form 3039 review and approval process includes a legal ethics review to address any potential conflicts related to DoD personnel participating in non-DoD sponsored conferences, professional meetings, publication/presentation disclosures to domestic and foreign audiences, DoD personnel accepting non-DoD contributions, awards, honoraria, gifts, etc. The specific circumstances for your presentation will determine whether a legal review is necessary. **If you (as the author) or your supervisor check "NO" in block 17 of the Form 3039, your research or technical documents will not be forwarded to the 502 ISG/JAC legal office for an ethics review.** To assist you in making this decision about whether to request a legal review, the following examples are provided as a guideline:

For presentations before professional societies and like organizations, the 59 MDW Public Affairs Office (PAO) will provide the needed review to ensure proper disclaimers are included and the subject matter of the presentation does not create any cause for DoD concern.

If the sponsor of a conference or meeting is a DoD entity, an ethics review of your presentation is not required, since the DoD entity is responsible to obtain all approvals for the event.

If the sponsor of a conference or meeting is a non-DoD commercial entity or an entity seeking to do business with the government, then your presentation should have an ethics review.

If your travel is being paid for (in whole or in part) by a non-Federal entity (someone other than the government), a legal ethics review is needed. These requests for legal review should come through the 59 MDW Gifts and Grants Office to 502 ISG/JAC.

If you are receiving an honorarium or payment for speaking, a legal ethics review is required.

If you (as the author) or your supervisor check "YES" in block 17 of the Form 3039, your research or technical documents will be forwarded simultaneously to the 502 ISG/JAC legal office and PAO for review to help reduce turn-around time. If you have any questions regarding legal reviews, please contact the legal office at (210) 671-5795/3365, DSN 473.

**NOTE:** All abstracts, papers, posters, etc., should contain the following disclaimer statement:

**"The views expressed are those of the [author(s)] [presenter(s)] and do not reflect the official views or policy of the Department of Defense or its Components"**

**NOTE:** All abstracts, papers, posters, etc., should contain the following disclaimer statement for research involving humans:

**"The voluntary, fully informed consent of the subjects used in this research was obtained as required by 32 CFR 219 and DODI 3216.02\_AFI 40-402."**

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**"The experiments reported herein were conducted according to the principles set forth in the National Institute of Health Publication No. 80-23, Guide for the Care and Use of Laboratory Animals and the Animal Welfare Act of 1966, as amended."**



**PROCESSING OF PROFESSIONAL MEDICAL RESEARCH/TECHNICAL PUBLICATIONS/PRESENTATIONS**

1. TO: CLINICAL RESEARCH	2. FROM: (Author's Name, Rank, Grade, Office Symbol) Candy Wilson, Lt Col, USAF, NC/ 779 MDG/SGPP	3. GME/GHSE STUDENT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	4. PROTOCOL NUMBER: FWH201000081H
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5. PROTOCOL TITLE: (**NOTE:** For each new release of medical research or technical information as a publication/presentation, a new 59 MDW Form 3039 must be submitted for review and approval.)  
Iron Status of Deployed Military Members

6. TITLE OF MATERIAL TO BE PUBLISHED OR PRESENTED:  
Iron Status of Deployed Military Members

7. FUNDING RECEIVED FOR THIS STUDY?  YES  NO FUNDING SOURCE: TSNRP, GHSE

8. DO YOU NEED FUNDING SUPPORT FOR PUBLICATION PURPOSES:  YES  NO

9. IS THIS MATERIAL CLASSIFIED?  YES  NO

10. IS THIS MATERIAL SUBJECT TO ANY LEGAL RESTRICTIONS FOR PUBLICATION OR PRESENTATION THROUGH A COLLABORATIVE RESEARCH AND DEVELOPMENT AGREEMENT (CRADA), MATERIAL TRANSFER AGREEMENT (MTA), INTELLECTUAL PROPERTY RIGHTS AGREEMENT ETC.?  YES  NO **NOTE:** If the answer is YES then attach a copy of the Agreement to the Publications/Presentations Request Form.

11. MATERIAL IS FOR:  DOMESTIC RELEASE  FOREIGN RELEASE  
CHECK APPROPRIATE BOX OR BOXES FOR APPROVAL WITH THIS REQUEST. ATTACH COPY OF MATERIAL TO BE PUBLISHED/PRESENTED.

11a. PUBLICATION/JOURNAL (List intended publication/journal.)  
DTIC

11b. PUBLISHED ABSTRACT (List intended journal.)  
DTIC

11c. POSTER (To be demonstrated at meeting: name of meeting, city, state, and date of meeting.)

11d. PLATFORM PRESENTATION (At civilian institutions: name of meeting, state, and date of meeting.)

11e. OTHER (Describe: name of meeting, city, state, and date of meeting.)

12. HAVE YOUR ATTACHED RESEARCH/TECHNICAL MATERIALS BEEN PREVIOUSLY APPROVED TO BE PUBLISHED/PRESENTED?  
 YES  NO ASSIGNED FILE # 10123; 10189 DATE November 22, 2010

13. EXPECTED DATE WHEN YOU WILL NEED THE CRD TO SUBMIT YOUR CLEARED PRESENTATION/PUBLICATION TO DTIC  
**NOTE:** All publications/presentations are required to be placed in the Defense Technical Information Center (DTIC).

DATE  
November 08, 2016

14. 59 MDW PRIMARY POINT OF CONTACT (Last Name, First Name, M.I., email)	15. DUTY PHONE/PAGER NUMBER
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16. AUTHORSHIP AND CO-AUTHOR(S) List in the order they will appear in the manuscript.

LAST NAME, FIRST NAME AND M.I.	GRADE/RANK	SQUADRON/GROUP/OFFICE SYMBOL	INSTITUTION (If not 59 MDW)
a. Primary/Corresponding Author			
b.			
c.			
d.			
e.			

17. IS A 502 ISG/JAC ETHICS REVIEW REQUIRED (JER DOD 5500.07-R)?  YES  NO

I CERTIFY ANY HUMAN OR ANIMAL RESEARCH RELATED STUDIES WERE APPROVED AND PERFORMED IN STRICT ACCORDANCE WITH 32 CFR 219, AFMAN 40-401\_IP, AND 59 MDWI 41-108. I HAVE READ THE FINAL VERSION OF THE ATTACHED MATERIAL AND CERTIFY THAT IT IS AN ACCURATE MANUSCRIPT FOR PUBLICATION AND/OR PRESENTATION.

18. AUTHOR'S PRINTED NAME, RANK, GRADE Candy Wilson, Lt Col, USAF, NC	19. AUTHOR'S SIGNATURE WILSON.CANDY.S.1093105652	20. DATE November 08, 2016
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21. APPROVING AUTHORITY'S PRINTED NAME, RANK, TITLE PAUL T. BARNICOTT, GS-15,DAF	22. APPROVING AUTHORITY'S SIGNATURE BARNICOTT.PAUL.T.1102318273	23. DATE December 12, 2016
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**PROCESSING OF PROFESSIONAL MEDICAL RESEARCH/TECHNICAL PUBLICATIONS/PRESENTATIONS**

**1st ENDORSEMENT (59 MDW/SGVU Use Only)**

TO: Clinical Research Division 59 MDW/CRD Contact 292-7141 for email instructions.	24. DATE RECEIVED December 12, 2016	25. ASSIGNED PROCESSING REQUEST FILE NUMBER 17010
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26. DATE REVIEWED	27. DATE FORWARDED TO 502 ISG/JAC
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28. AUTHOR CONTACTED FOR RECOMMENDED OR NECESSARY CHANGES:  NO  YES If yes, give date. \_\_\_\_\_  N/A

29. COMMENTS  APPROVED  DISAPPROVED

30. PRINTED NAME, RANK/GRADE, TITLE OF REVIEWER	31. REVIEWER SIGNATURE	32. DATE
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**2nd ENDORSEMENT (502 ISG/JAC Use Only)**

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35. COMMENTS  APPROVED (In compliance with security and policy review directives.)  DISAPPROVED

36. PRINTED NAME, RANK/GRADE, TITLE OF REVIEWER	37. REVIEWER SIGNATURE	38. DATE
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**3rd ENDORSEMENT (59 MDW/PA Use Only)**

39. DATE RECEIVED December 12, 2016	40. DATE FORWARDED TO 59 MDW/SGVU December 14, 2016
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41. COMMENTS  APPROVED (In compliance with security and policy review directives.)  DISAPPROVED

Please include disclaimer in publication/Abstract:  
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once added, publication/abstract is approved.

42. PRINTED NAME, RANK/GRADE, TITLE OF REVIEWER Kevin Inuma, SSgt/E-5, 59 MDW Public Affairs	43. REVIEWER SIGNATURE IINUMA KEVIN MITSUGU.1296227 <small>Digitally signed by KEVIN KEVIN MITSUGU.1296227 DN: cn=IINUMA KEVIN MITSUGU.1296227, o=59 MDW/PA, ou=59 MDW/PA, email=IINUMA KEVIN MITSUGU.1296227@59MDW.PA.AF.MIL, c=US Date: 2016.12.14 13:28:05 -0500</small>	44. DATE December 14, 2016
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**4th ENDORSEMENT (59 MDW/SGVU Use Only)**

45. DATE RECEIVED	46. SENIOR AUTHOR NOTIFIED BY PHONE OF APPROVAL OR DISAPPROVAL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> COULD NOT BE REACHED <input type="checkbox"/> LEFT MESSAGE
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47. COMMENTS  APPROVED  DISAPPROVED

48. PRINTED NAME, RANK/GRADE, TITLE OF REVIEWER	49. REVIEWER SIGNATURE	50. DATE
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Principal Investigator: Wilson, Candy Lt Col

USU Project Number: N10-P20

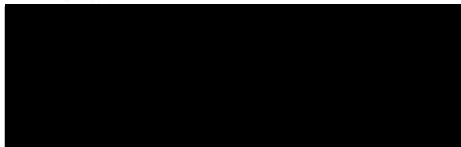
**TriService Nursing Research Program Final Report Cover Page**

Sponsoring Institution	TriService Nursing Research Program
Address of Sponsoring Institution	4301 Jones Bridge Road Bethesda MD 20814
USU Grant Number	HU0001-10-1-TS10
USU Project Number	N10-P20
Title of Research Study or Evidence-Based Practice (EBP) Project	Iron Status of Deployed Military Members
Period of Award	1 July 2011 – 31 December 2012
Applicant Organization	The Geneva Foundation
Address of Applicant Organization	917 Pacific Ave, Suite 600 Tacoma, WA 98402

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**PI Home Contact Information**



**Signatures**

PI Signature \_\_\_\_\_ Date \_\_\_\_\_

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### Abstract

**Purpose:** The study objective was to assess iron status indicators and the prevalence of iron deficiency (ID) and iron deficiency anemia (IDA) in both male and female military personnel deployed to Afghanistan.

**Design:** Observational Study

**Methods:** All participants completed a demographic data sheet providing information about their age, sex, length of deployment, home base zip code (for altitude determination), previous history of anemia, and length of time since last blood donation. Females completed a menstrual history questionnaire. Blood was collected for analysis (Hematocrit, hemoglobin, total saturation, ferritin, mean corpuscular volume, and serum transferrin receptor).

**Sample:** Participants included a convenience sample of 294 military personnel (149 men and 145 women) deployed to Bagram Air Base, Afghanistan that were deployed at least 3 months.

**Analysis:** A 3-variable model identified volunteers with ID or IDA. Participants were categorized as ID if they presented with  $>2$  of the following 3 indicators of abnormal iron status: serum ferritin  $< 12$  ng/mL, TS  $< 16\%$ , or MCV  $< 80$  fL. From this subgroup, IDA was categorized as those participants who met the criteria for ID and had a Hb concentration  $< 12$  g/dL.-

**Findings:** Two males (1%) and 8 females (6%) were classified as iron deficient. Three iron deficient females (2%) met the criteria for IDA. Both female sex ( $p = 0.05$ ) and a self-reported history of anemia ( $p < 0.05$ ) were associated with diminished iron status. In female volunteers, menstruation affected iron status indicators, as Hb concentration and serum ferritin were higher in women reporting amenorrhea as compared to those without amenorrhea ( $p < 0.05$ ). Correlation analyses indicated a relationship between iron status indicators and age; Hb concentration was negatively correlated ( $r = -0.29$ ,  $p < 0.05$ ) with age in male participants, and log serum ferritin values were positively correlated with age for both males ( $r = 0.24$ ,  $p < 0.05$ ) and females ( $r = 0.21$ ,  $p < 0.05$ ).

**Implications for Military Nursing:** In an effort to minimize performance decrements associated with IDA, nurses should target ID/IDA screening for these subgroups of military personnel. Identifying and treating personnel with ID/IDA before deployment will support a fit and ready force.

**TSNRP Research Priorities that Study or Project Addresses**

**Primary Priority**

Force Health Protection:	<input checked="" type="checkbox"/> Fit and ready force <input type="checkbox"/> Deploy with and care for the warrior <input type="checkbox"/> Care for all entrusted to our care
Nursing Competencies and Practice:	<input type="checkbox"/> Patient outcomes <input type="checkbox"/> Quality and safety <input type="checkbox"/> Translate research into practice/evidence-based practice <input type="checkbox"/> Clinical excellence <input type="checkbox"/> Knowledge management <input type="checkbox"/> Education and training
Leadership, Ethics, and Mentoring:	<input type="checkbox"/> Health policy <input type="checkbox"/> Recruitment and retention <input type="checkbox"/> Preparing tomorrow's leaders <input type="checkbox"/> Care of the caregiver
Other:	<input type="checkbox"/>



### **Progress Towards Achievement of Specific Aims of the Study or Project**

**Findings related to each specific aim, research or study questions, and/or hypothesis:** All specific aims and research questions have been answered and published: Wilson, C., McClung, J.P., Karl, J. & Brothers, M.D. (2011). Iron status of military personnel of deployed to Afghanistan. *Military Medicine*, 176. 1421-1425. (Appendix A)

The specific aims of this study are to determine:

- a. The iron status in a deployed sample at moderate altitude.
- b. The correlation between menstrual history and iron status.

#### Research Questions:

- a. What is the iron status in a deployed sample at moderate altitude?
- b. Is there a difference in the prevalence of iron deficiency and iron deficiency anemia between deployed men and women?
- c. Is there an increased prevalence of iron deficiency and iron deficiency anemia in women who have menstruation as compared to women who do not have menstruation?

#### **Relationship of current findings to previous findings:**

This study provided insight into the iron status of deployed personnel. Before the study was completed, researchers extrapolated that deployed personnel at moderate altitude may experience ID/IDA at the same prevalence as military personnel in training environments at moderate altitude (Wilson & Brothers, 2010). The incidence of ID was 13% in one group of women at the start of BCT, 33% in a second group of women at the end of BCT, and 10% in a group of women following permanent duty assignment for a period of at least 6 months (McClung, et al, 2006). A series of studies at U.S. Army BCT found that the prevalence of ID and IDA in soldiers at the start of BCT was similar to the corresponding demographic in the U.S. population, but increased immediately following the training course (McClung & Karl, et al, 2009). Among data collected at USAFA (altitude 2210 m), between a third and a half of both male and female recruits from sea level experienced ID within the first few months of military service at altitude (Brothers, 2010).

Our finding that 6% of female military personnel experienced ID during operational deployment is consistent with earlier reports that iron status may be improved following completion of initial military training.

**Effect of problems or obstacles on the results:** All serum samples were collected prior to receiving TSNRP funding. Therefore, there were no problems with data collection for the purpose of this report. The only issue was transporting the frozen specimens from the AOR to CONUS. The transport company lost its contract and there was a delay getting non-essential items transported back from the AOR. Further, the samples were left on a loading dock for a few hours before picked up. Luckily, the samples remained at the appropriate storage temperature.

**Limitations:** This study was limited in its use of a mixed convenience sample that provided a snapshot of one community within the deployed population, but did not fully assess all factors potentially affecting iron status (e.g., race and ethnicity, job duties, physical activities, iron intake through diet). This additional information would improve the ability to determine factors associated with poor iron status, such as heavy physical activity or the consumption of foods that either contain iron or inhibit iron absorption. A major strength of this study was its novelty. To the best of our knowledge, no other study has assessed iron status in military personnel during combat deployment.

**Conclusion:** The prevalence of ID and IDA in military personnel deployed to Afghanistan does not appear to be markedly greater than that reported in the U.S. population. However, some personnel remain at greater risk, such as, those with a history of anemia and menstruant women. In an effort to minimize the known performance decrements associated with IDA, health care providers and nurses should target ID/IDA screening assessments for these subgroups of military personnel. Identifying and treating personnel with ID and IDA before deployment will support a fit and ready force.

### **Significance of Study or Project Results to Military Nursing**

According to training literature of new recruits or accessions, the rate of ID and IDA was a significant health risk to these military members. It was surmised that the rate of ID/IDA in a training environment was transferred to a deployed population because the deployed prevalence rate was unknown. A major strength of this study was its novelty because no other study has assessed iron status in military personnel during combat deployment. This study contributed to narrowing a scientific gap on the iron status of deployed personnel, a known sex difference in health care needs. The outcomes of this study inform nurses and health care professionals that are involved in the deployment preparation of military members. They should target assessing those members at highest risk for developing ID/IDA while deployed (history of anemia, female sex, regular menstruation) as determined by the results of this study.

Since the conclusion of this study, the PI has drafted a clinical practice guideline for ID/IDA screening in military trainees and deploying military members at greatest risk. The CPG will provide guidance to nurses and primary care providers.

Future studies assessing iron status should consider race and ethnicity, military specialty, duty requirements affecting physical activity, and dietary intake. If altitude acclimatization is a factor, iron and other hematological values should be assessed within the first 1 to 3 months of arrival, when an increased risk of ID and IDA would be expected because of the increased iron demand for elevated erythropoiesis. Contributors to poor iron status should be assessed in the deployed setting; many military personnel face potentially limited dietary options and increased physical activity while deployed. Because ID and IDA can affect cognitive or physical performance during operational deployment, at-risk individuals (i.e., menstruant women and those with a history of anemia) provide a target population for intervention for the prevention of ID/IDA.



**Changes in Clinical Practice, Leadership, Management, Education, Policy, and/or Military Doctrine that Resulted from Study or Project**

The outcomes of this study were integral to military trainee and military readiness health care providers in preparing both populations for intense training and military operations. This study was included in a military iron status-working group that decided to provide prenatal vitamins to military women during intensive training and operations, based on these study results. This intervention is still be evaluated in the trainee health population working group at Lackland AFB, TX.

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### References Cited

- Brothers MD, Doan BK, Wile AL, Zupan MF, Wilber RL, Byrnes WC: Hematological and physiological adaptations following 48 weeks of moderate altitude residence. *High Alt Med Biol* 2010; 11(3): 199-208.
- Karl JP, Lieberman HR, Cable SJ, Williams KW, Young AJ, McClung JP: Randomized, double-blind, placebo-controlled trial of an iron-fortified food product in female soldiers during military training: relations between iron status, serum hepcidin, and inflammation. *Am J Clin Nutr* 2010; 92(0):93-100.
- McClung JP, Marchitelli LJ, Friedl KE, Young AJ: Prevalence of iron deficiency and iron deficiency anemia among three populations of female military personnel in the US Army. *J Am Coll Nutr* 2006; 25(1): 64-9.
- McClung JP, Karl JP, Cable SJ, et al: Randomized, double-blind, placebo controlled trial of iron supplementation in female soldiers during military training: effects on iron status, physical performance, and mood. *Am J Clin Nutr* 2009; 90(1): 124-31.
- McClung JP, Karl JP, Cable SJ, et al: Longitudinal decrements in iron status during military training in female soldiers. *Br J Nutr* 2009; 102(4) 605-9.
- Wilson C, Brothers MD: Iron deficiency in women and its potential impact on military effectiveness. *Nurs Clin N Am* 2010; 45(2): 95-108.
- Wilson C, McClung JP, Karl, JP, Brothers MD: Iron status of military personnel deployed to Afghanistan. *Mil Med* 2011; 176(12): 1421-1425.

**Summary of Dissemination**

<b>Type of Dissemination</b>	<b>Citation</b>	<b>Date and Source of Approval for Public Release</b>
Publications	Wilson C, McClung JP, Karl, JP, Brothers MD: Iron status of military personnel deployed to Afghanistan. Mil Med 2011; 176(12): 1421-142	20110423 PAO Clearance
Published Abstracts	None.	
Podium Presentations	Wilson, McClung, Karl, and Brothers, Iron Status of Deployed Military Members, American Academy of Ambulatory Care Nursing, San Antonio, TX May 2011. Wilson, McClung, Karl, and Brothers, Iron Status of Deployed Military Members, Pacific Institute of Nursing conference, Honolulu, HI Mar 2011 Wilson, McClung, Karl, and Brothers, Iron Status of Deployed Military Members, 2010 Air Force Medical Symposium, Washington DC, Aug 2010	20110524 PAO Clearance  20100526 PAO Clearance  20100526 PAO Clearance



Principal Investigator: Wilson, Candy Lt Col

USU Project Number: N10-P20

Poster Presentations	Wilson, McClung, Karl, and Brothers, Iron Status of Deployed Military Members, 2010 Karen Reider Nursing Research Poster Session, Association of Military Surgeons in Uniformed Services, Phoenix, AZ, Nov 2010	20101122 PAO Clearance
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**Reportable Outcomes**

<b>Reportable Outcome</b>	<b>Detailed Description</b>
Applied for Patent	none
Issued a Patent	none
Developed a cell line	none
Developed a tissue or serum repository	none
Developed a data registry	none

**Recruitment and Retention Table**

<b>Recruitment and Retention Aspect</b>	<b>Number</b>
Subjects Projected in Grant Application	400
Subjects Available	
Subjects Contacted or Reached by Approved Recruitment Method	
Subjects Screened	none
Subjects Ineligible	
Subjects Refused	
Human Subjects Consented	294
Subjects Who Withdrew	0
Subjects Who Completed Study	294
Subjects With Complete Data	
Subjects with Incomplete Data	

Summary regarding recruitment and retention: \*All the subjects were recruited and completed the study data collection procedures before this grant was awarded.



### Demographic Characteristics of the Sample

Characteristic	
Age (yrs)	34±10
Women, n (%)	145 (49%)
Race	unknown
White, n (%)	( )
Black, n (%)	( )
Hispanic or Latino, n (%)	( )
Native Hawaiian or other Pacific Islander, n (%)	( )
Asian, n (%)	( )
Other, n (%)	( )
Military Service or Civilian	unknown
Air Force, n (%)	( )
Army, n (%)	( )
Marine, n (%)	( )
Navy, n (%)	( )
Civilian, n (%)	( )
Service Component	unknown
Active Duty, n (%)	( )
Reserve, n (%)	( )
National Guard, n (%)	( )
Retired Military, n (%)	( )
Prior Military but not Retired, n (%)	( )
Military Dependent, n (%)	( )
Civilian, n (%)	( )